

Notification of Intention to Carry Out Testing

To be lodged and submitted at least five (5) working days prior to the inspection date

Title Reference:

Vol:

Folio:

SPEAR Ref:

WPW Ref:

- -

Job Description

Name:

Subdivision:

Town:

Requested Inspection Date

Inspection date:

Start time:

Duration:

Consultant Details

Company name:

Mobile phone:

Email:

On site representative:

Contractor Details

Company name:

Mobile Phone:

Email:

On site representative:

Service

(please tick): Water Sewer Recycled water (where applicable)

Reason for Site Visit*(please tick):*

Construction Verification Audit

End of Defects Liability
Verification AuditOther
*(provide details)***Water Pipelines**Disinfection & Water
Quality SamplingField Hydrostatic
Pressure Testing

Swabbing

Flushing

Squirt Testing –
property connections

Compaction Testing

Sewer Pipelines

Visual Inspection

Ovality Testing

CCTV/Laser Profiling

MH Vacuum Testing

Compaction Testing

Leakage Testing
(Air/Vacuum)

Consultant's signature:

Date: